Improving Care for Depression in Primary Care Settings

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How to Begin: Key Decision Steps

- How will we structure our quality improvement process?
- What evidence will we consider in designing a program?
- Which evidence-based strategies will best fit with our organization’s culture and resources?
- What resources will we need to implement the program, and where will they come from?

Deciding How to Structure QI

- Top down: rules, regulations, performance measures
  - Usually not sufficient for complex guideline implementation

General Team-Based QI Strategies

- Team-based QI
  - Local: interdisciplinary team from a single practice
  - Central: regional leaders with QI/depression expertise
- Let’s see how the two forms work in real life

SEPULVEDA VIDEO

Team-Based QI in Action

QI Addresses These Areas*

- Collaboration between mental health and primary care
- Informatics/decision support
- Practice redesign/care management
- Patient self-management support
- Provider education
- Internal and external resources

*List modified from Breakthrough Series/IHI

What Does the Evidence Say?

- Provider education and reminders may be necessary, but are not sufficient
- Collaboration between mental health and primary care requires more than a mental health specialist in primary care
- Within a collaborative care environment, primary care providers can successfully manage depression

Evidence Highlights (Cont)

- Care management (brief, targeted telephone calls are sufficient) is the single most powerful strategy for improving results
- Care managers can provide detailed assessment information to mental health and primary care (e.g., co-morbid substance abuse)
- Care management can improve patient self-management skills

Evidence Highlights (Cont)

- Collaborative care models equalize care for minorities, elderly
- Special populations may need special care
  - Women, including pregnant women
  - Minorities
  - Elderly
  - Active duty military, esp. recently deployed

Which Strategies Fit Our Setting?

- Decisions need to involve senior leadership
  - Administrative
  - Primary care
  - Mental health
  - Nursing
- Establish care goals that fit the organization

Common Issues

- Emphasis on treatment in primary care versus referral to mental health
- Regionally organized vs local care management
- Care manager support for patients followed in mental health specialty or only those followed in primary care
- Amount of mental health specialty interaction with care manager

Develop a Written Plan and Materials

- Pull materials from available sources, e.g.
  - Employee Education Centers
  - Websites
- Submit plan to senior leadership
  - Goals, activities, materials, timeline, budget
- Realize that plan development will be iterative

Intervention Pilot Test

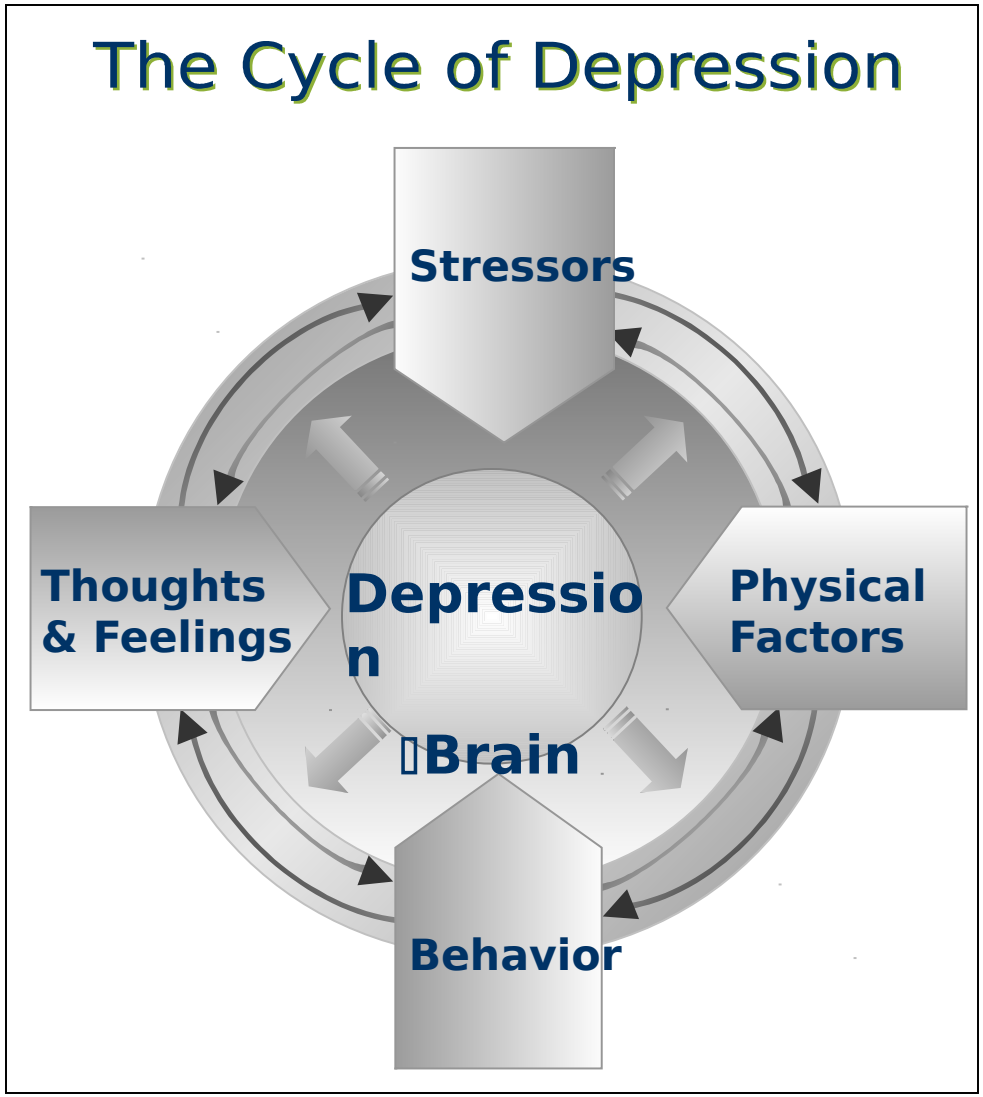
- Plan, Do, Study, Act cycle
- Begin with one or two patients with basic program, add patients to try out additional program features
- Involve one or more enthusiastic or committed primary care and mental health providers

In Place for Full Implementation

- Methods for patient referral, tracking, and medical record documentation
- Policies and procedures
  - E.g., threatened suicide, supervision
- Educational plans and materials for patients and clinicians
- Notebook documenting the above

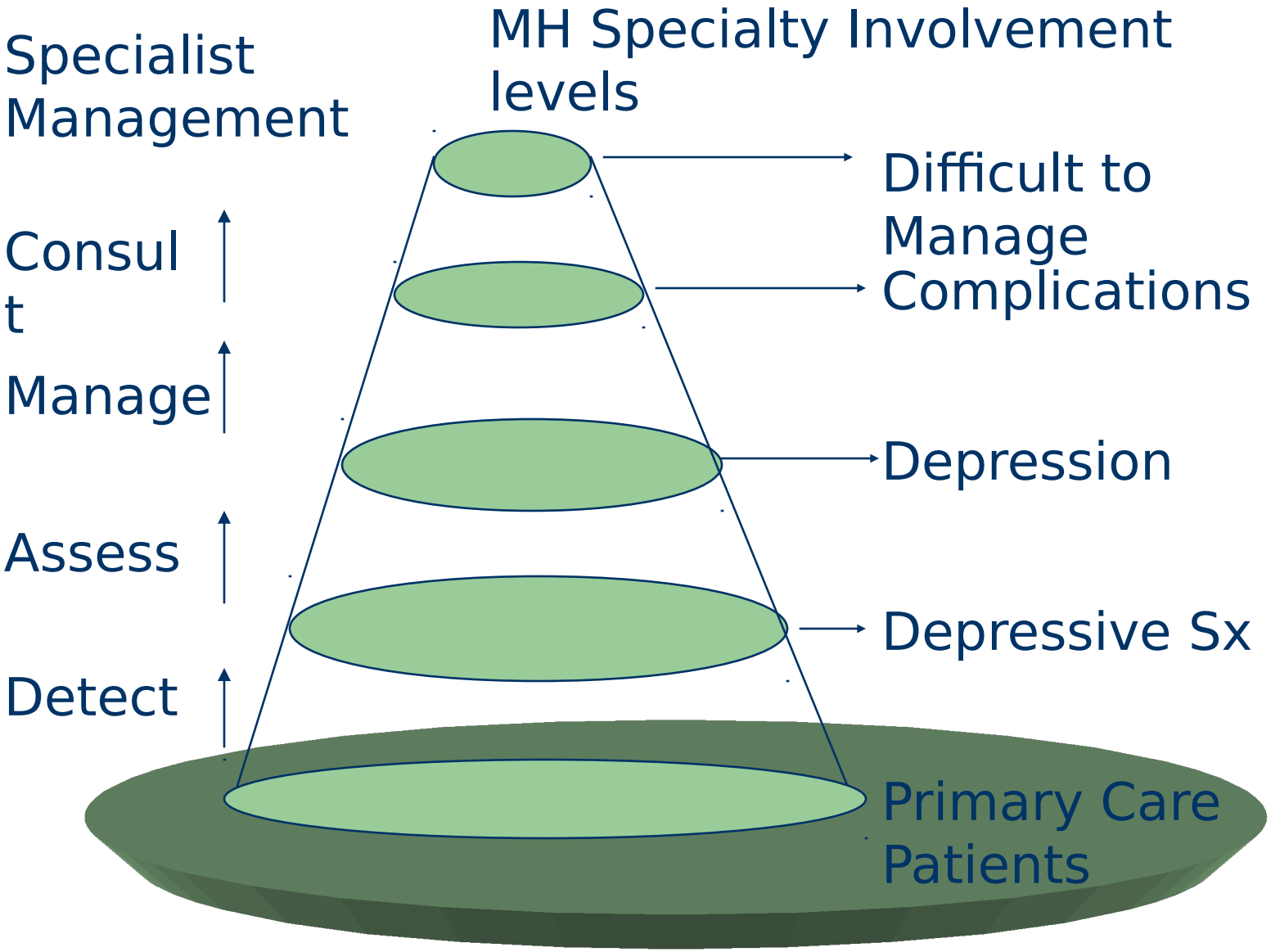
Overall Program Goal #1

- Break the cycle of depression


The Cycle of Depression
Stressors
Thoughts & Feelings
Depression
Brain
Physical Factors
Behavior

Overall Program Goal #2

- Rationalize care for depression


Specialist Management
MH Specialty Involvement levels
Consul t
Manage
Assess
Detect
Difficult to Manage Complications
Depression
Depressive Sx
Primary Care Patients

Texarcana Video

Implementing Improved Depression Care in a Rural VA CBOC

Web Sites

Directory of Major Depressive Disorder Links and Related Web Sites Plus

- http://www.hsrd.seattle.med.va.gov/waves/resources.html (Multi-site VA TIDES/WAVES intervention project VISNs 23,16,10)
- MH QUERI: In preparation, ritchiemonaj@uams.edu
- http://www.impact.ucla.edu/ (Multi-site VA/Non VA Geriatric depression intervention)
- http://www.rand.org/organization/health/pic.products/order.html (educational and other materials from multi-site non-VA depression intervention; VA, DOD, or other logo can be placed on materials upon request)